

**INFORMATION SHEET FOR PRIVATE AUTOMOBILE ALLOWANCE
FOR MANAGEMENT PAY PLAN EMPLOYEES**

Instructions: This form is to be filled out and submitted to the employing department by each employee receiving a private auto allowance. A revised form must be submitted whenever the information reported on this form changes.

DEPARTMENT OR BUREAU _____ DATE _____

EMPLOYEE'S NAME _____ TITLE _____

Automobile Insurance:

Name of Insurer _____

Policy No. _____

Expiration Date _____

Is your Insurer aware that you operate your car on City business?

Yes _____ No _____

Annual auto insurance premium \$ _____

Coverage: Property Damage \$ _____

Public Liability \$ _____

If you are assigned a regular district, what is the mileage from the station at which you report for work to the nearest limit of your district? _____

What equipment must you carry in your car to perform your work?

What is the character of your driving on City business?

City Wide _____ District _____

If you are assigned a district, what are the boundaries of the district?

How many miles did you drive on City business this past calendar year? _____

What is your home address? _____

Where do you report to work (Base location)?

How many miles from home to your base location (one way)?

This position continues to meet the criteria to be eligible for private automobile allowance and the employee has a valid driver's license.

Certified by

(Employee's Signature)

(Supervisor's Signature)

(Department Head or Designee Signature)

Willful falsification of information on this statement will be deemed grounds for dismissal.